

Docket No.: 4564-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

William M. OWENS

Serial No. 09/053,832

Filed: ~~04/10/98~~

For: ~~Feedworks Device~~

H/31 Assoc
PATENT
P/ja
6/29/01
V/KHart

Group Art Unit: 3724

Examiner: C. Goodman

ASSOCIATE POWER OF ATTORNEY

Honorable Commissioner of
Patents and Trademarks
Washington, D. C., 20231

Sir:

The undersigned Principal Attorney of record hereby appoints the following Attorneys
as his Associates with regard to the above-identified application:

Allan M. Lowe, Reg. No. 19,641; Benjamin J. Hauptman, Reg. No. 29,310; Kenneth M.
Berner, Reg. No. 37,093, Michael G. Gilman, Reg. No. 19,114; and Randy A. Noranbrock,
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Please continue to address all communications to the undersigned.

Respectfully submitted,

LEGGETT & KRAM

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PATENT

DOCKET NO: 4564-001Ser./Pat No. 09/053,832 Filing/Issue Date: 04/01/98 Applicant(s): Wm. M. Owens

THE U.S. PATENT AND TRADEMARK OFFICE STAMP HEREON ACKNOWLEDGES RECEIPT OF:

<input type="checkbox"/> Amendment/Response	\$ _____	<input type="checkbox"/> Miss. Pts. Resp.Av.Ded.	\$ _____
<input type="checkbox"/> Appeal Brief (triplicate)	\$ _____	<input type="checkbox"/> Notice of Appeal	\$ _____
<input type="checkbox"/> Assignment	\$ _____	<input type="checkbox"/> Oral Hearing, Req.	\$ _____
<input type="checkbox"/> Certificate of Correction, Req.	\$ _____	<input checked="" type="checkbox"/> <i>Atty/Sec</i>	<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Change of Address	No fee	<input type="checkbox"/> Priority Document(s)	No fee
<input type="checkbox"/> Claim of Priority	No fee	<input type="checkbox"/> Refund, Request for	No fee
<input type="checkbox"/> Declaration, Sub/Supp.	No fee	<input type="checkbox"/> Reply Brief (triplicate)	No fee
<input type="checkbox"/> Drawing Revision, Request	No fee	<input type="checkbox"/> Restrict/Elect ect., Resp.	No fee
<input type="checkbox"/> Extension of Time, Petition	\$ _____	<input type="checkbox"/> Revoke Power/Atty &	No fee
<input type="checkbox"/> Filing Recd., Req. for Cont.	\$ _____	<input type="checkbox"/> New Appointment	No fee
<input type="checkbox"/> Formal Dwg. (# of sheets)	No fee	<input type="checkbox"/> Small Entity StmtL	No fee
<input type="checkbox"/> Info. Disc. StmtL/RfS/1449	\$ _____	<input type="checkbox"/> Status Inquiry	No fee
<input type="checkbox"/> Issue Fee	\$ _____	<input type="checkbox"/> Terminal Disclaimer	\$ _____
<input type="checkbox"/> Maintenance Fee(____ yr.)	\$ _____		
<input type="checkbox"/>			
<input type="checkbox"/> Check No. _____ \$ _____		<input type="checkbox"/> CHG. TO DEP. ACCT. NO. _____	
<input type="checkbox"/> Credit Card _____ \$ _____			

Filed by: Atty/Sec. BSH/18 Today's Date 6/18/01